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## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	See Schedule A 09/752278
Filing Date	See Schedule A
First Named Inventor	
Art Unit	
Examiner Name	
Attorney Docket Number	1683-GEN

To: Commissioner for P.O. Box 1450 Alexandria, VA 22					
I hereby apply to withdra	w as attorney or agent for the above ide	entified p	atent applicati	on.	
The reasons for this requ	uest are:				
Applicant has requested the fil	es listed in the attached Schedule A be transfe	erred to ne	ew Attorney.		
	CORRESPONDENCE ADDRE	= 66			
1. The corresponder	nce address is NOT affected by this with				10
2. Change the corre	spondence address and direct all future	corresp	ondence to:		
Customer Number	45069				
OR L					
Firm <i>or</i> Individual Name	Fred H. Zollinger, III				
Address	6370 Mt. Pleasant Ave. NW				
Address	P.O. Box 2368				
City	North Canton	State	ОН	ZIP	44720
Country	US	<u> </u>			
Telephone	330-526-0104	Fax	1-866-311-9964		
This request is made of		•			
	s (with registration numbers) listed on the a	attached p	aper(s), or		
	s associated with Customer Number	2754		<u> </u>	
This request is enclosed in tr	iplicate (including any attachments).				
Name Joseph	A. Sebolt				
Signature	Mula	Registra	ation No. 35	7329	
Date 8.18	5.04		-		
NOTE: Withdrawal is effective approval of withdrawal and the withdraw is pormally disappropriately disapprop	e when approved rather than when received be expiration date of a time period for responded	d. Unless nse or po	there are at lessible extension	ast 30 da n period,	ays between the request to

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

		Application		
Case	Client Name,	Serial Number, Patent No.	Title	Count
1683001US1APV	Rozakis, Dr. George W.	60/519,978	POSTERIOR-CHAMBER PHAKIC INTRAOCULAR LENS	-
1683001US2AV	Rozakis, Dr. George W.	60/580,424	POSTERIOR-CHAMBER PHAKIC INTRAOCULAR LENS	2
1683-A-PRO	Rozakis, Dr. George W.		CONTACT LENS ABLATION	3
1683-B	Rozakis, Dr. George W.	09/342,954	ANTIOXIDANT PHAKIC INTRAOCULAR LENS	4
1683-B-PRO	Rozakis, Dr. George W.	60/091,146	ANTIOXIDANT PHAKIC INTRAOCULAR LENS	S
1683-G	Rozakis, Dr. George W.	09/752,273	METHOD AND APPARATUS FOR TREATING PRESBYOPIA	9
1683-G-DIV	Rozakis, Dr. George W.	10/833,221	METHOD AND APPARATUS FOR TREATING PRESBYOPIA	7
1683-G-PRO	Rozakis, Dr. George W.	60/173,448	METHOD AND APPARATUS FOR TREATING PRESBYOPIA	«
1683-H-PRO	Rozakis, Dr. George W.		INVISIBLE ANTERIOR CHAMBER PHAKIC INTRAOCULAR LENS	6
1683-I-PRO	Rozakis, Dr. George W.		HAPTIC THAT CAN BE MOVED WITH YAG LASER	10
1683-K-PRO	Rozakis, Dr. George W.		VAULTED INTRAOCULAR LENS	=
1683-M-PRO	Rozakis, Dr. George W.		PINHOLE INTRAOCULAR LENS	12
1683-N-PRO	Rozakis, Dr. George W.		COMBINATION MEROCEL SPONGE AND WIRE SPECULUM	13

